



Direct Deposit Authorization

Should you have any questions, call (877) 234-4420

Please complete this entire form as accurately and legibly as possible. Failure to include all information may result in delayed or inaccurate processing.

Request Type

This request is New or a Change to existing instructions.

Employee Information

Last Name

Grid of 15 empty boxes for last name

First Name

Grid of 15 empty boxes for first name

Social Security Number

Grid of 9 empty boxes for social security number with dashes

Deposit Instructions

I would like to deposit either \$ _____ amount or _____ % every pay period.

Checking _____
Account Number

Savings _____
Account Number

I request that the direct deposits begin ____/____/____ and continue until I provide written notice to Applied Underwriters.
Date

Authorization

I hereby authorize Applied Underwriters to initiate direct deposits and to initiate, if necessary, debit entries and adjustments for any direct deposit errors to my account(s).

Employee's Signature

_____/____/____
Date

Please allow one to two payroll cycles, depending on pay frequency, for direct deposit to take effect.

**** REQUIRED ****

ATTACH VOIDED CHECK FOR CHECKING ACCOUNT
OR
ATTACH DEPOSIT SLIP FOR SAVINGS ACCOUNT
Deposit slips will not be accepted for checking accounts